

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000061742

1. Entity Name

SO. COUNTY BAKING CORP.

**FILED**  
**Apr 23, 2000 8:00 am**  
**Secretary of State**

04-23-2000 90003 010 \*\*\*150.00

Principal Place of Business

14610 MILITARY TRAIL  
DELRAY BEACH FL 33484

Mailing Address

14610 MILITARY TRAIL  
DELRAY BEACH FL 33484-3704

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number: 65-0561115

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUBIN, PAUL  
7199 VIA PALOMAR  
BOCA RATON FL 33433

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME RUBIN, PAUL  
STREET ADDRESS 7199 VIA PALOMAR  
CITY-ST-ZIP BOCA RATON FL 33433

☐ Delete

TITLE VP  
NAME ~~JEFF~~ KRUGER  
STREET ADDRESS 4030 N.W. 8TH COURT  
CITY-ST-ZIP DELRAY BEACH FL 33445

☐ Delete

TITLE VP  
NAME MARSHALL, STUART  
STREET ADDRESS 1121 N.W. 93RD AVENUE  
CITY-ST-ZIP PLANTATION FL 33322

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00  
Date

561-  
496-7388  
Daytime Phone #

CR2E034 (9/99)